

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F000000000982

1. Corporation Name

Dolbey & Co

2. Principal Office Address

7164 Beechmont

Suite, Apt. #, etc.

City & State

Cincinnati OH

Zip

Country

45230

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 DEC 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

000025463310
12/12/03--01049--027 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

31-0600843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keneah Rice

Street Address (P.O. Box Number is Not Acceptable)

3047 Jordan Heights Lane

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33810

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Keneah Rice

REGISTERED AGENT MUST SIGN

Date

11/20/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>JAMES M Dolbey Jr</u>	<u>7164 Beechmont Ave</u>	<u>Cincinnati OH 45230</u>
<u>Secy</u>	<u>Liada Dolbey</u>	<u>u</u>	<u>u</u>
<u>VP</u>	<u>John Dolbey</u>	<u>u</u>	<u>u</u>
<u>Dir</u>	<u>Holly Dolbey</u>	<u>u</u>	<u>u</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Dolbey Jr

Date

11/11/3

Daytime Phone #

513-624-2424
XIII

CR2E081 (10/02)